

Correspondence

Prevention of Pulmonary Tuberculosis

To the Editor:—In THE JOURNAL, April 22, 1911, page 1195, among "points which must not be forgotten," I should have been much gratified if you had mentioned the great importance of wearing a perforated zinc inhaler with suitable inhaling fluids, the best of these being equal parts of creosote, alcohol and spirits of chloroform. By the continuous and proper use of this fluid much can be effected in the way of prevention of the disease, not to speak of its very great value as a curative measure. To-day it is sad to note how little is done beyond mere sanitary regulations and hygienic régime to arrest the disease and cure an immense number of sufferers from tuberculosis; and practically nothing else is done to shield an equally large number of people from contracting the disease. For many years I have advocated strongly and frequently the value and importance of continuous antiseptic inhalations in pulmonary tuberculosis as a curative measure. I am equally impressed with its urgency as a protective measure, and especially with a vast majority who cannot go to sanatoriums or get the comforts and surroundings which wealth alone gives.

BEVERLEY ROBINSON, New York.

Hexamethylenamin in Pellagra

To the Editor:—In THE JOURNAL, Nov. 5, 1910, p. 1663, I reported a case of pellagra in which I treated the patient with hexamethylenamin. I stated results of the treatment, which were remarkable, although I had given the patient this treatment only a short time. The patient has continued to improve until she now feels perfectly well. By Christmas she had gained 40 pounds in weight, which she has held until the present time. When I began to treat her, I gave 45 grs. of hexamethylenamin every day for three weeks; then 30 grs. a day for one month. On account of the irritating effects on the bladder, I had to discontinue the drug only a few days during this time. During the winter and spring she has been taking 30 grs. a day for three days and missing three days. This is the only treatment she has taken since she has been under my care.

While one case proves nothing, yet the result in this case is so much better than any I have ever read of that I feel that I should report it. I hope that others, who have a number of cases, may try it.

B. B. BAGBY, M.D., West Point, Va.

Overcrowding in the Medical Profession in the West

To the Editor:—It might not be out of place to utter a caution to medical men contemplating settlement in the West. On account of the heavy expense incident thereto, any physician contemplating removal to the West should, if possible, make a trip first and look into matters closely before deciding.

The entire western country is very much congested with physicians of all kinds, and many of them, after spending a year or two in any of the western cities, will find their savings gone in the high cost of living and extortionate rents.

It must be remembered that many medical students in the West are constantly preparing to enter the profession in sufficient numbers to meet the demands of the increasing population.

DAVID H. LEWIS, Salt Lake City.

The Round-Ligament Operation

To the Editor:—In a recent issue of THE JOURNAL (Feb. 18, 1911, p. 481) is an article by Dr. J. M. Baldy entitled "Operation for Retrodisplacement of the Uterus." I desire to point out that the procedure described is exactly that which was first published by me in THE JOURNAL (Oct. 5, 1901).

I am highly gratified that Dr. Baldy advocates the operation so strongly in his paper; but, though he refers to "Webster, who has for the same length of time performed an operation with exactly the same principles"—his description is of

such a character as to be very liable to give readers the impression that the operation is Dr. Baldy's invention.

This is not the first paper by him in which there is danger of similar misunderstanding. In the *New York Medical Journal* (April 14, 1906, p. 741), the same operation was described without the slightest reference to my share in originating it. I now consider that it is time to point out what Dr. Baldy has really done and to correct some misrepresentations.

In his recent paper the following sentences occur: "The operation is not new. I first referred to it in a paper in 1902." These statements are incorrect.

The operation was originally described by me in THE JOURNAL, Oct. 5, 1901, its essential features consisting in perforation of the broad ligaments, seizing the round ligaments with forceps and drawing them double under the utero-ovarian ligaments, and stitching them to the back of the uterus.

In Dr. Baldy's first paper (*Am. Jour. Obst.*, May, 1902, p. 650), seven months later, he commends the principle of my operation, criticizes my method of doubling back the round ligaments and there describes his own procedure, which he regards as an improvement, viz., *dividing the round ligaments close to the uterus and drawing them through the broad ligaments attaching them to the posterior surface of the uterus.*

Here, then, in clear language is Dr. Baldy's first published account.

I may say, in passing, that I carried out this procedure in a few cases several years ago, but abandoned it as unnecessary. Moreover, there is more liability to intestinal adhesions in connection with it, as some raw edges are apt to be left exposed.

Four years later Dr. Baldy published an article in the *New York Medical Journal* (April 14, 1906, p. 741) of a somewhat amazing character. I quote his own account:

"The operation which I am in the habit of performing for backward displacements of the uterus, and which is frequently designated by my name, is one which obtains its result through the use of the round ligaments. The broad ligaments are perforated from their posterior surface by forceps which, on emerging on the anterior surface, are made to grasp the round ligaments, which are then drawn through to the posterior surface with the forceps. The round ligaments are brought together and sutured both together and to the uterus. One who has not seen the result (of this operation) can have no conception of its completeness." Here is evidence of a complete change in the author's practice.

The operation which he lauds so highly is the very one which was described by me in 1901 and which was discarded by him in 1902. He has described my procedure as his own and has not even mentioned my name in the entire paper.

Again in 1909 (*Ann. Gynec. and Pediat.*, May, 1909, pp. 142-146) he describes the operation without any reference to me.

It is not pleasant to me to carry a grievance into print but I cannot remain silent while another claims credit which is not his due. My operation has been described as Dr. Baldy's in a foreign work by Hartmann of Paris, and I consider it time to interfere lest further misrepresentations should appear in medical literature. Moreover, I desire to make it clear that Dr. Baldy, having acknowledged the importance of the principle introduced by me in the surgical treatment of retrodisplacements, criticized my method of operation and recommended another procedure of obtaining the same result. He then abandoned the latter and after four years redescribed my original operation, praising it highly but giving me no credit for it. This line has been followed by Dr. Baldy in other papers to which I have referred, until the impression has been created in various quarters that he is the originator of the procedure.

J. CLARENCE WEBSTER, M.D., Chicago.

[This letter was referred to Dr. Baldy, who replies as follows:]

To the Editor:—A careful reading of Dr. Webster's letter will fail to elicit any false statement which he attributes to me. He makes a statement which is directly contrary to fact when he says that I have ever claimed priority, directly